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# MENTAL ILLNESS DOCUMENTARIES AT THE NATIONAL FILM BOARD OF CANADA: FILMMAKING AS THERAPEUTIC ACTIVISM

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**Résumé :** Le répertoire de l'Office national du film du Canada (ONF) manifeste une préoccupation de longue date pour la santé mentale. L'auteur étudie une grappe de documentaires, portant sur le vécu des personnes atteintes de maladie mentale, dont l'apport à l'héritage de cinéma militant de l'ONF est exceptionnel. Une analyse minutieuse de quatre documentaires produits entre 1977 et 2010 montre que la position militant radicale adoptée par les cinéastes en matière de santé mentale a remis en question les fondements épistémologiques de la psychiatrie tout en conférant aux discours sur la santé mental une dimension politique et existentielle.

**Mots clés :** activisme, documentaire, maladie mentale, Office national du film

**Abstract:** The National Film Board of Canada's catalogue expresses a longstanding concern for mental health. This article proposes a cluster of documentaries about living with mental illness as unique contributors to the NFB's heritage of activist filmmaking. Through close analysis of four documentaries made between 1977 and 2010, it makes the case that filmmakers enacted a radical type of mental health activism which called into question the epistemological foundations of psychiatry while imbuing discourses of mental health with a political and existential dimension.

**Keywords:** National Film Board of Canada, mental illness, documentary, activism

The rise in diagnostic rates of mental illness in Canada since the 1980s has been accompanied by an equally remarkable increase in the amount of public attention devoted to mental health.[1] In 2019, it is clear that mental health has found a prominent place within the national imaginary of Canadian society. There are many significant examples in the contemporary media landscape. Sophie Grégoire Trudeau and Margaret Trudeau, the wives of current and past Prime Ministers Justin and Pierre Trudeau, have branded themselves as mental health advocates;[2] Bell corporation's "Let's Talk" campaign populates Canadian screens and billboards;[3] one of the most contentious budgetary tensions between the federal and provincial governments in recent years has concerned allotments for mental health programming[4] and universities around the country are scrambling

to claim that their policies and services take a leadership role in promoting mental health on campus.[5] Whether or not the sort of initiatives brought forth by Bell and the Trudeaus have been successful in achieving their modest aim of reducing stigma, one thing is for sure: people aren't getting any better. The rates of mental illnesses once considered neuroses, such as depression and anxiety, are higher than at any other point in world history, and trends suggest that the situation will only worsen in the decades to come.[6] Given this state of affairs, it is a timely moment to revisit the contributions of the National Film Board of Canada (NFB) to the visual culture of mental illness and to analyze in what ways it has introduced alternative perspectives on the mental health crisis.[7]

The NFB is well known for its history of championing minority filmmakers and activist causes.[8] The post-Grierson era of the NFB has witnessed programs such as Challenge for Change, Studio D, and New Initiatives in Film, all of which aim to alter the social fabric of the nation through documentary filmmaking. Each of these programs has had to navigate the contradiction of being funded by a federal government agency. *You Are on Indian Land* (Michael Kanentakeron Mitchell, 1969), for example, a film made by the "Indian Film Crew" of First Nations filmmakers which came to fruition under the Challenge for Change program, denounces the federal government's duplicitous treaty-making with the Kanien'kehá:ka (Mohawk) of Akwesasne despite the film being funded by the federal government. Such films, which directly challenge state policies, are at odds with the NFB's broader efforts at federalist nation-building. The same can be said for documentaries sympathetic to the Quebec sovereignty movement (e.g., *Le confort et l'indifférence* [Denys Arcand, 1982]) and environmentalist documentaries (e.g., *Petropolis: Aerial Perspectives on the Alberta Tar Sands* [Peter Mettler, 2009]), which diverge from the federal government's unwavering support for the fossil fuel industry.

A similar sort of contradiction plays out across the spectrum of mental health documentaries produced by the NFB, particularly over the past four decades.[9] The films can be grouped into three categories: an activist mode, a "government realist" mode,[10] and an ambivalent mode. In the activist mode of documentary filmmaking, NFB films about mental health issues deploy aesthetic forms that challenge the primacy of psychiatry's clinical gaze and its subsequent reification of the disease model of mental illness. What makes these films significant artifacts of noncompliance to the institutional impetus toward biological reductionism is that they make the existential and political qualities of mental illness explicit, thus rendering them irreducible to the logic of disease. In doing so, they effectively raise the question of how mental health activism is to be enacted if it is to accomplish something more, and something different, than simply calling for an expansion of the current mental health institutions and increased acceptance of pathologized identities. What these films suggest is that mental health activism can become a therapeutic practice in its own

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right—a therapeutic activism—that brings to the fore the existential qualities of the experience of being unwell and the process of trying to get better.

These films achieve their political and aesthetic force by diverging from what Michel Foucault, in his book *The Birth of the Clinic*, describes as the "clinical gaze." This concept articulates how medical knowledge is produced through institutionalized ways of "saying and seeing and doing in relation to illness, the body, [and] life itself."[11]

Institutions of medical perception have certainly developed to embrace new neurological theories and technologies since the late eighteenth and early nineteenth centuries, the epoch which *Birth of the Clinic* focuses on, but they have retained the core function that Foucault ascribes to the clinic: that is, they extract the person who is ill from the illness. "In the rational space of disease," Foucault writes,

> doctors and patients do not occupy a place of right; they are tolerated as disturbances that can hardly be avoided: the paradoxical role of medicine consists, above all, in neutralizing them, in maintaining the maximum difference between them, so that, in the void that appears between them, the ideal configuration of the disease becomes a concrete, free form, totalized at last in a motionless, simultaneous picture, lacking both density and secrecy, where recognition of itself opens onto the order of essences . . . . If one wishes to know the illness from which he is suffering, one must subtract the individual, with his particular qualities.[12]

The clinical gaze neutralizes the patient, whose presence could only introduce possible distortions or variations and unnecessarily complicate a neatly classifiable and ideal disease with essential qualities.

In a desperate search to know an autonomous disease, psychiatry's clinical gaze acknowledges, and in its own way interprets, the affective ties and libidinally significant relationships which the patient brings to the diagnostic encounter. These relations are transmuted into environmental factors contributing to a disease—a far cry from the psychoanalytic project of interpreting the dynamics of transference as they play out over the development of a long-term therapeutic relationship. The perceptual strategy of the psychiatric gaze shifted acutely with the arrival of the *DSM-III*'s tactical removal of the category of neurosis from the classification of psychopathologies and the move away from psychodynamic language more generally. Mitchell Wilson describes this institutional shift in terms of a "narrowing of the psychiatric gaze in contemporary psychiatry" and he gives three concrete examples: the rejection of the concept of the unconscious; the limitation of time (from a lifelong therapeutic relationship to the forty-five-minute interview); and "a constriction in the range of what clinicians take to be clinically relevant, a narrowing of the content of clinical concern" where familial dynamics and social factors are de-emphasized and "the

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careful description of symptoms is often taken to be an adequate or even proper assessment of the patient."[13] Rather than a narrowing of perspective, I would argue that this shift is better described by the dual movement of broadening and flattening, whereby an ever-greater range of symptoms are registered by the psychiatric gaze, even as they are deprived of their existential depth by being transmuted into "environmental factors." Regardless of the adjectives adopted to describe this historical shift, when faced with such examples of how psychiatry hegemonically circumscribes a field of vision and adjoined body of knowledge, effectively deciding *a priori* what is relevant to diagnostic and therapeutic practices, Foucault's insight that "medical authority functions as power well before it functions as knowledge" proves as timely as ever.[14]

I will consider four notable NFB documentaries which are reflective of the activist mode of filmmaking mentioned above, describing their deviation from psychiatry's clinical gaze to embrace alternative modes of looking which do not reduce the existential grievance of being unwell to a matter of disease. I do so in the belief that if these documentaries carry the political weight to challenge psychiatry's systematic de-existentialization and de-politicization of the experience of psychic suffering, of coming to be diagnosed as mentally ill, it is precisely because, with patience and sympathy, they listen to and look *with*—not merely at—people who share aspects of their lives which neoliberal psychiatry has neither the means nor the will nor the time to perceive.

## COTTONLAND

"When you're on pills, all you see is misery," says Eddie Buchanan, a person living with an OxyContin addiction and narrator of *Cottonland* (Nance Ackerman, 2006). The fifty-three-minute documentary focuses on the plight of Glace Bay, Nova Scotia, a small town in the midst of a crushing prescription opioid dependency crisis. The film was released in 2006, well before a $20 million class action lawsuit was settled out of court in 2017 between Purdue Pharmaceuticals, the maker of the painkiller, and affected Canadians who alleged that the company misled consumers about its potential addictiveness.[15] When OxyContin was first introduced to the town of Glace Bay in the 1990s, prescriptions for the drug went up by 270 per cent over three years.[16] *Cottonland* examines the aftermath of its harrowing arrival, and the viewer is led around town by Buchanan who initiates meeting after meeting with his friends, neighbours, acquaintances, and even his ex-girlfriend, all of whom have been ravaged by the substance.

*Cottonland* is a participatory documentary that plays out mostly through interviews. This documentary mode tends to makes the film quite formally unadventurous (like many of the NFB's post-1980 documentaries, a fact which D. B. Jones laments in his contribution to the 2002 anthology *North of Everything*),[17] but nevertheless, it succeeds in granting an existential sense to

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the experiences of the film's subjects that could otherwise be effaced by framing these first-hand accounts of addiction and despair in in biologically reductionist language. As Buchanan's quotation about the misery of being on pills might lead one to assume, many of the interviewees have found themselves with barely the psychological, relational, or economic resources to go on living. *Cottonland* documents the lives of people who either are, or have been, on the brink of suicide, have trouble getting out of bed, and who steal for drug money. They would likely all qualify for mental illness diagnoses, though this isn't the point that the film wants to dwell on.

Instead, *Cottonland* considers the effects of economic decline, and of the medical malpractice of pharmaceutical interests, responsible, if not for the OxyContin outbreak itself, then at least for having created the conditions which allowed it to take place. One narrative that begins to emerge through the interviews with town residents is how the relational fabric of Glace Bay began to deteriorate long before OxyContin showed up, making its populace susceptible to an opioid crisis. At times, the film shifts into a more expository mode and interlaces its interactive interviews with archival footage of Glace Bay which contrasts its present dilapidated state with more prosperous times when it was a thriving mining town prior to the 1990s. In an exemplary moment, one of the film's only sober subjects, Doctor T. Crawford, speaks in voiceover: "It seems too much of a coincidence for me that the OxyContin epidemic on the continent has reached us at the same time that the coal industry imploded. There is an analogy between a dependent economy and a dependent person." Further interviews give voice to people who recount how they began taking OxyContin to bear the psychological pain of living in a dead-end town, and how others began selling OxyContin to supplement their social assistance payments. Through moments such as these, *Cottonland* offers a picture of humanity at both its most fragile and brazenly opportunistic.

Overall, the film's most intriguing quality is the sense of solidarity that it displays toward its subject matter. Its examination of the economic factors leading to the crisis doesn't lead it to make simplistic denunciations or programmatic appeals. *Cottonland* opts instead for sustained relationship-building with members of the community via intimate interviews that typify shared trust. The film is commendable for entering into private spaces which show the lived reality of the addiction, including images of one young man who prepares and shoots OxyContin out of a syringe and another individual who seems incapable of leaving his cramped apartment. *Cottonland* provides a perspective that the clinical gaze never could: it moves outside of the clinic's walls, temporarily immersing itself in the addicts' modes of existence. In taking this leap, *Cottonland* comes to know an existential dimension of living with addiction and suicide which falls outside of psychiatry's circumscribed purview. This is not to say that the issues put on screen aren't mental health issues, but simply to point out that this

film approaches the crisis from another register altogether, one which produces affective, relational, and undisciplined knowledge of addiction in a fashion that is not reified by psychiatric epistemology.

*Cottonland* lends weight to the argument made by Franco "Bifo" Berardi[18] that the economic conditions of neoliberalism have given rise to a massive wave of technological and drug dependency leading to depression, anxiety, and impotence. Berardi couches these claims in a theory of Semiocapitalism inspired by the Italian post-Autonomia incarnation of Marxist praxis. What Berardi and a documentary like *Cottonland* equally foreground is how capitalism's alienation of the worker from the full value of her own labour is not only an economic form of alienation, but a spiritual and psychological one as well—an argument that harks back to Marx's section of the Paris Manuscripts on estranged labour.[19]

## SENTENCED TO LIFE AND WORKING LIKE CRAZY

*Sentenced to Life* (Marie Cadieux, 2003) focuses on the story of Diane Charron, a woman who in 1981 was sentenced to life in prison when she was just nineteen years old. Charron recounts the incident which landed her a life sentence over images of archival newspaper headlines: she was encouraged by her boyfriend at the time to stab a man on whom he wanted revenge. Barely an adult, Diane had already spent her teenage years bouncing from one foster home to another, suffering the untreated repercussions of childhood abuse and neglect. *Sentenced to Life* emphasizes these biographical aspects of Diane's story, contextualizing her act of murder in such a way that it becomes quite understandable how someone can come to commit such a crime. As a way of filling in the biographical details of Charron's life, the film asks her to recount difficult memories from her life, which she bravely does, and conducts interviews with people who had influenced her life before prison. One of the most poignant interviews features René Forgues, the director of the Abitibi-Témiscamingue halfway house for troubled youth who had met Diane when she came to stay there as a teenager. In the interview, he invokes the term "*blessures relationnelles*," or relational wounds, to describe the conditions of the adolescents who sought help at the halfway house. In opting for this term to describe Charron's situation and the situation of many others like her, Forgues makes the fitting point that regardless of the psychiatric diagnosis which many of his service recipients undoubtedly qualify for, at the heart of their suffering is the fact of being caught in a web of dysfunctional and often abusive relationships. They have been hurt by the people whom they have loved the most, and needed the most, often at a very young age. From this core suffering brought about by the breakdown of the child's family and erosion of her networks of care, innumerable mental illnesses subsequently arise.[20] As the film later reveals, Charron is diagnosed with

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borderline personality disorder and has a long history of self-harm over her decades in prison.

It would be misleading to say that the film's interest in Charron's biography is somehow delving into an area that psychiatry is unconcerned with. In fact, attentiveness to biographical details is highly encouraged in psychiatry, as they are understood to provide symptomatic clues leading to accurate diagnosis. Statistics also show that people with certain life experiences are much more likely to receive corresponding diagnoses. What *Sentenced to Life* is able to do is flesh out the significant biographical events of Charron's life, but in a way that doesn't reduce her experiences to risk factors for developing a disorder. Rather, the intensity of the events—of the traumatic events—which make up her life begs to be "worked through" and integrated on multiple registers: first of all on a personal level, via self-reflection on the part of Diane, who is still ridden with guilt and struggles to come to terms with the murder she committed, but also on the level of societal reflection, where the documentary implicitly asks that judicial protocols around pardoning sentences which seem unfairly punitive be reconsidered in a situation such as this. Interviews with Charron's correctional facilities officers and psychiatrists make clear that they all feel a deep bond with Charron and wish they could do something to get her out of prison. Yet their hands are tied by the institutions in which they work, and they must resign themselves to playing a part in Diane's tragic imprisonment.

One of the formal patterns that develops over *Sentenced to Life* is an oscillation of settings, as the film moves along with Diane from prison to psychiatric hospital and back again. As the film shows, Diane's life is split between the St. Thomas Psychiatric Hospital and the Kingston maximum-security penitentiary. She was first sent to the psychiatric hospital because she posed too great of a threat to herself in prison, evidenced by repeated self-harm and suicide attempts. After spending time in the psychiatric hospital, Diane's condition tended to improve since she was outside of the prison's walls and got to experience the social interaction which she longed for in solitary confinement. However, as a correctional officer explains, she is obligated to serve her life sentence in prison when not in acute need of psychiatric treatment. Consequently, as soon as her condition begins to improve under psychiatric care, she is shipped back to prison where her condition ultimately deteriorates yet again—and the cycle continues.

There is an implicit critique of psychiatry embedded in the way that the film follows this infernal pattern of imprisonment. Even though the psychiatric hospital is able to create a setting where her condition drastically improves—and the imagery suggests that this happens mainly through social interaction and art therapy sessions—the psychiatric institution is obligated to return her to prison. By tuning into this dilemma, the film exposes one of the inherent shortcomings of the disease model and psychiatry's goal of reducing symptoms of mental

illness rather than promoting a more global sense of health. All of the psychiatric treatment in the world cannot make life more liveable if the conditions outside of the clinic are inhospitable to life, and what makes it worth living.[21] Psychiatry acts on the individual who bears the burden of a mental illness, but it doesn't act on the world which creates the conditions for ill health. If any semblance of well-being is to be achieved, *Sentenced to Life* suggests, then "treatment" will need to act not only on the patient who is ill, but on the relational fabric which creates the conditions for an ill patient to arise.

Given that this film focuses on life in a maximum-security prison, it is easy to see the correlation between quality of life and quality of mental health. Yet, I would argue, the film's fundamental observation stands true for mental illness more generally, even outside of the prison context: that a depotentialized environment, whatever or wherever it may be, can prove uncongenial to health. As far as psychiatry has spread its diagnostic purview in recent decades, bringing an increasing collection of life's dramas under its umbrella of psychopathologies, it has not and intrinsically cannot treat anything other than the individual who bears the symptoms; doing so would defy the goals of any medical profession. As psychoanalysts have long pointed out in frustration, psychiatry can treat a sick person, but not a sick civilization.[22] Recomposing the relational fabric of the world cannot happen through psychiatric methods, and this has never been the aim of psychiatry. It requires intervening in the world, changing lifeways, changing relationships to institutions, making sustainable and healthy modes of living possible. Prison is an especially debilitating space, but I think that this film's critique can be carried over to life outside of the prison where potential can be sapped in just as many ways—in the undulatory moulds of neoliberal subjectivity.[23] Even though *Sentenced to Life* is more of a heart-felt humanist look at Diane Charron's suffering and the injustice of Canada's legal system than a polemical critique of psychiatry, psychiatry's limited therapeutic utility when faced with the hostilities of civilization comes through clearly.

This fundamental idea is reiterated in Ann Cvetkovich's *Depression: A Public Feeling*, which makes clear her "strongly held convictions about the social causes of mental illness."[24] Cvetkovich's writing is rooted in feminist cultural studies and the affect theory of Eve Sedgwick which has gone on to inspire other authors in the Chicago-based "Feel Tank" for the "politically depressed."[25] Despite this being a different intellectual trajectory from the one which informs Berardi's work, both thinkers understand the precarity of life under neoliberalism as creating the conditions for mass psychopathology. Cvetkovich supplements this idea with special attention to the gendered dynamic of depression and how women's "practices of the everyday," such as Kundalini yoga, journaling and art-making, constitute a non-pharmaceutical strategy for shaking depression's confines. This is an idea that also comes through in *Sentenced to Life* as well as *Working Like Crazy* (Gwynne Basen and Laura Sky, 1999), since films such as these give voice

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to working women who struggle to balance economic or institutional survival with a baseline of mental health.[26]

Much like Cvetkovich's work and a host of other "autopathographies" written by female authors, both films share an acute awareness that the systematic subjugation of women leads to gender-specific experiences and hence a particularly gendered relationship to mental illness.[27] Unlike *Sentenced to Life*, however, *Working Like Crazy* is firmly entrenched in the Canadian anti-psychiatry movement, and fervently adopts its activist vocabulary and anti-institutional political stance, making it an exemplary postcursor to the NFB's Studio D productions which were ceased just a few years prior in 1996.

The notion of anti-psychiatry has proven to be very malleable over its short intellectual history dating back to the mid-twentieth century and has accrued different meanings across a range of thinkers such as Erich Fromm, Franco Basaglia, Frantz Fanon, Félix Guattari, R. D. Laing, Fernand Deligny, David Cooper, Michel Foucault, and Jeffrey Masson, amongst others. There is such a great diversity amongst the political engagements, professional backgrounds, and theoretical persuasions of these writers that it would be well beyond the scope of this article to delve into their significant differences. On top of this, it is worth pointing out that many of these thinkers never identified as "anti-psychiatrists" and that the dialectical teleology of negation implied by the "anti-" in "anti-psychiatry" is incompatible with much of their thought. Nevertheless, the term "anti-psychiatry" has been embraced by some contemporary writers, particularly the Canadian social worker Bonnie Burstow, to identify intellectual and practical resistance to the institution of psychiatry.

As the most prominent Canadian voice in a growing field,[28] Burstow's representative thoughts on the topic are worth highlighting. From her avowedly anti-psychiatric perspective, she sees the history of psychiatry as

> the history of the profession that ruthlessly drove out all of its competitors—the women healers, the astrologers, ultimately even the psychoanalysts—and completely medicalized any and all conceptualizations of madness developing both a "mental illness" construct and a world-wide crisis of iatrogenically created drug addicts.[29]

Burstow's brand of anti-psychiatry draws heavily on Foucault's idea that scientific truths are only true relative to a field of discourse in which they are enunciated—a discursive field which is liable to collapse or to be replaced in moments of epistemic rupture—as a way to relativize psychiatry's construction of mental illnesses as scientifically valid. She also places special emphasis on psychiatry's history of targeting and forcibly interning women who act in ways which are deemed socially unacceptable. Burstow views psychiatry as an alibi for patriarchal power to confine, medicate, and in many cases disable



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psychologically non-normative women, creating legitimate injuries and impairments where there was once only distress—a distress whose political dimension comes to light when an intersectional approach to oppression is adopted.

In one particular scene that exemplifies *Working Like Crazy*'s anti-psychiatric position, Laurie Hall, who self-identifies as psychiatric survivor, visits the defunct Whitby Psychiatric Hospital with Marj Richings, where they examine an exhibit of artifacts from the hospital's history. They speak to one another, digest the hospital's history, share personal experiences from having been interned there, and display their shock at the magnitude of some of the routine psychiatric practices. As images of an electroshock machine appear on screen, Laurie says to Marj,

> ECT [electroconvulsive therapy] was begun in Whitby in 1941, and they're using it still now in '99. . . . I can't believe that they still use that, that just blows my mind. I used to see patients on the ward, right here in this hospital, come back from their ECT treatments, just drooling and sitting at the table. . . . They'd be like that for weeks.

The images of the electroshock apparatus are followed by a survey of steel surgical tools used in lobotomy procedures, as Laurie reads out information from the display stating that 296 lobotomies were completed at the hospital. The strategic choice in *Working Like Crazy*, which was co-produced by TV Ontario, to privilege the voices of women psychiatric survivors in that province is particularly important given that the rates of lobotomies performed on women were particularly skewed in Ontario. Studies have shown that while 60 per cent of lobotomies in American hospitals were performed on women, that number jumps to 74 per cent, for least for one sample period of Ontario's history.[30] As a whole, *Working Like Crazy* exemplifies the attitude held by writers in Canadian Mad Studies and anti-psychiatry that ECT and lobotomies are a form of torture, and, as Bonnie Burstow has argued, a specific form of violence against women.[31] In spite of its clear differences from *Sentenced to Life*, these two documentaries can be read as a composite feminist critique of psychiatric theory and practice, one that supplements *Cottonland*'s concern with how class dynamics can aggravate suffering to advance a polyvalent left-wing analysis of mental illness.[32]

## DAVID WITH F.A.S.

In addition to the workerist, feminist, and anti-psychiatry perspectives advanced by Berardi, Cvetkovich, and Burstow, another idea reflective of the left-wing thesis of mental illness which finds expression in the NFB's mental illness documentaries is that the historical experience of being colonized and/or subjected to pervasive racism deteriorates the physical and mental health of First Nations,

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Métis, Inuit, and peoples of colour. Mental health figures in Canada reveal the startling fact that Indigenous peoples living to the north of major urban centres have rates of substance addiction and misuse which are far above the country's average, and some of the highest levels of suicide in the entire world.[33]

Indigenous Studies and Black Studies scholars have aptly pointed out that these health problems are intrinsically political questions and, by making such claims, they implicitly challenge the logic of the disease model of mental illness which undergirds the discipline of psychiatry. If there is a disease afflicting Indigenous and Black communities, these authors suggest, it is the dis-ease wrought by colonial policy and systematic racism: unjust social relations which have psychological, spiritual—and yes, biological and physiological—consequences. To begin from a disease model of mental illness, as psychiatry uniformly does, would be to make the political question of how oppression structures the Indigenous or Black experience a secondary consideration—an "environmental factor." It is telling that Kanien'kehá:ka author Taiaiake Alfred has opted to describe resurgent Indigeneity in a vocabulary of health: the ideology of Aboriginalism as a sickness, the traditional warrior lifestyle as a cure, and ritual ceremonies as catalyzing a holistic sense of healing.[34] These turns of phrase are significant in that they acknowledge the reality of psychological suffering, as psychiatry does, yet opt to pinpoint collective health as a plane for political praxis.

The rhetorical *détournement* effectuated by Alfred is similar in this regard to the work of African American theologian Monica Coleman, who firmly situates Black depression within the legacy of the transatlantic slave trade. In her essay "My Depression Is Part of My Slave Ancestry," she recounts a personal anecdote which substantiates the title:

> When I was growing up, no one in my family used the word "depression." No one used the term "mental illness." They called it grief . . . . My family knew mental illness, but they treated it like it was a normal part of life. Because it was.[35]

It is precisely this type of first-hand account of depression which roots mental illness in intergenerational trauma, childhood violence, and longstanding histories of structural oppression that inspires the documentary poetics of a film like *David with F.A.S.* (Gil Cardinal, 1997), a film featuring footage shot by its subject David as he struggles with the suicidal impulses that accompany his daily battle with the effects of Fetal Alcohol Syndrome (FAS) and having been removed from his community when he was adopted into a family of settler-colonial heritage.

"I emerged into the world and felt the coldness of it flow over me." These words are spoken by David in voice-over at the beginning of the film, which puts pressure on the racialized character of mental illness by situating it within Canada's colonial history. David is a twenty-year-old First Nations man who,



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when the film was made, still lived with his adoptive family, struggling with FAS. The only way to acquire FAS is for a foetus to be exposed to alcohol during the gestation period. This alone makes the syndrome quite distinct from mental illness, which according to psychiatry's own discourse cannot be predicted. Nevertheless, the reason that this film is of interest for a consideration of filmmaking about mental illness at the NFB is because FAS has astronomically high comorbidity rates: studies have shown that people with FAS are as much as ninety times more likely than the general population to develop a mental illness.[36] Based on David's daily struggles which the film details, including an inability to wake up unassisted in the morning, unrelenting suicidal impulses, and self-harming behaviours such as cutting and burning, it is evident that he is not an exception to the obstinate rule of statistical probability. At one point, the director-narrator Cardinal even refers to David's condition as a life sentence of depression.

The film deploys various documentary techniques consistent with the other films surveyed thus far. Significant portions are dedicated to interviews with David's adoptive parents, who express their guilt at and frustration with not having understood until recently that David had FAS, so never understanding why he was constantly acting in defiance of them. One of the film's recurring themes is the father's guilt for having disciplined his son for behaviour that he now knows was caused by FAS. In other moments, Cardinal speaks in a matter-of-fact voice-over, offering information about FAS and the biographical details of David's life. Cardinal was himself placed in foster care at the age of two, prompting his eventual creation of the film *Foster Child*, where he went on a search for his biological family at age thirty-five and discovered his Métis heritage. The most poignant quality of the film, however, is surely the way it lends David the space and resources to assert the experiential qualities of living with FAS. Two scenes in particular stand out. In one, David takes the camera into his own hands and shoots footage of the bedroom ceiling at night when he cannot fall asleep (one of many FAS symptoms). He ruminates about how he wants to end his life. In yet another, at the very conclusion of the film, David barges out of a group therapy session with his family and reads a poem which he wrote to try to convey the experience of living with FAS to those closest to him.

The documentary is relatively non-confrontational and sidesteps the temptation to fit David's FAS into a pre-given ideological position or political narrative. Nevertheless, its generous manner of handing the camera over to David, listening to his poetry, following his daily life, and dwelling amongst his family grants FAS and the depression and suicidality which accompany it an existential dimension over and above that of "syndrome." What comes to the fore in this film are a number of existential questions that can't be reduced to the neurobiology of FAS. By observing, interacting, and sharing poetry, *David with F.A.S.* implicitly asks what drove David's biological mother to drink in the first place, why he

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finds himself disconnected from his nation, community, and extended family, and what it would take for him to feel that his life is worth living. To even begin to answer any of these questions, it would be necessary to detour through the history of colonial policy in Canada, the effects this policy has had on the First Nation into which David was born (it is not disclosed in the film), and to find the means to conduct an audit of the psychological consequences of Canadian racism and anti-Indigenous sentiment. Likewise, the task of preventing further cases of FAS (the rates are elevated amongst First Nations populations) is more than just a question of educating potential mothers about the harmful effects of drinking while pregnant or lowering alcoholism rates, but of addressing the fundamental suffering that leads to alcoholism—a task which requires a political-historical analysis paired with pragmatic efforts to modify the colonial relationship, and which falls far beyond the purview of psychiatry, or any societal institution for that matter, as well-intentioned as it may be.

## CONTEXT WITHIN NFB OEUVRE

The four documentaries which have been discussed can be read as inheritors of the NFB's legacy of fostering politically committed filmmaking. There are several other NFB films which could be grouped as belonging to the same tradition. *Drawing from Life* (Katerina Cizek, 2008) pairs animation with the aesthetics of the social realist documentary and its penchant for talking heads. The film follows a mental health support group for people who have made more than two suicide attempts. All of the participants share their struggles with the group, and as they recount these aspects of their lives, the background gives way to animated interpretations of their pain which were drawn by students of Sheridan College's animation program. *Mental Patients' Association* (Richard Patton, 1977) films the meetings of an autonomously run support group for people with mental illness and anticipates the anti-psychiatric line of *Working Like Crazy*. Rodrigue Jean's 2009 documentary film *Hommes à louer* is composed of interviews with male sex workers in Montreal which he conducted over the course of a year. Like *Cottonland* and *Sentenced to Life*, it isn't a film about mental illness per se, but that's what makes it so effective at advancing an oblique critique of the biological reductionism which mental illness discourses perform with such predictability. Bearing witness to first-hand accounts of life on the streets, *Hommes à louer* re-situates conditions such as drug addiction and compulsive sexual behaviour which psychiatry sees according to its own epistemic viewpoint in a social field conditioned by class conflict and language-based prejudice.

Taken as a whole, these militant films which re-politicize and re-existentialize mental illness constitute a common tendency within the NFB canon. They build on the ethos of the Challenge for Change program and its break from the Griersonian attitude—a break which constituted the NFB's own Copernican



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revolution: *doing it with the people instead of to the people*.[37] Working in this vein, the aforementioned films allow the people to give sense to their own struggle for health rather than allowing it to be dictated by the epistemological foundations of the clinical gaze. And that is what these films discover health, and mental health, to be—a struggle; a struggle because it requires reclaiming the body from commercial circuits of destructive consumption (OxyContin, alcohol), constructing autonomous spaces that resist the enclosures of the prison system and the dispossession of primitive accumulation, and asserting modes of collective relationality that defy the economic logic of neoliberalism whereby relationality is rendered transactional.

However, it would be misleading to suggest that all of the NFB's films about mental illness participate in the activist tradition stemming from Challenge for Change. Three films which reflect the "government realist" mode were all coproduced with the Ministry of Children and Family Development in British Columbia: *A Map of the Mind Fields: Managing Adolescent Psychosis* (Nijole Kuzmickas, 2004); *Fighting Their Fears: Child and Youth Anxiety* (Melanie Wood, 2004); and *Beyond the Blues: Youth and Childhood Depression* (Maureen Palmer, 2004). As the titles suggest, these films are overtly preoccupied with mental illness as a clinical entity, and they adopt the language and logic of psychiatry, as well as the management mentality of neoliberal governance. By approaching the question of mental illness head-on, they ultimately deprive themselves of the potential for transversal engagement that is found in the activist-oriented films. The result is a string of informational documentaries that effectively function as instruction manuals for parents with mentally ill children and adolescents. The existential coordinates underpinning the depression of one teen in *Beyond the Blues* are completely obfuscated by a quest for authoritative explanations couched in scientism. In one particularly tell-tale scene, a male psychiatrist states matter-of-factly, "the child is having trouble with their ability to function for a reason, and that reason is a biologically-based mental illness." This sort of tone runs throughout the films' ceaseless sequences of talking heads and leaves no space to explore the constellation of relationships which engender a case of mental illness.

In between these two orientations within the NFB, toward either social change or the management of social movements, lies an ambivalent mode comprising films such as *OCD: The War Inside* (David Hoffer and Mark Pancer, 2001), *Mystical Brain* (Isabelle Raynaud, 2006) and *Free the Mind* (Phie Ambo, 2012). The latter two films are particularly interesting for the way that they blend cutting-edge scientific discoveries in the field of neuroscience with the wisdom of ancient religious contemplative traditions to see if non-pharmaceutical medical interventions could relieve symptoms of mental illness. The films follow the research undertaken by Richard Davidson at the Mind and Life Institute at the University of Wisconsin-Madison, as well as the experiments by the research team of Mario Beauregard at University of Montreal. Whether conducting brain

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scans on Tibetan Buddhist monks using mindfulness techniques or the spiritual experiences of Catholic nuns, the film advances these scientists' hopes that the key to curing mental illnesses (here understood as "brain disorders")[38] may lie in popularizing—and implicitly, secularizing—religious ascetic techniques. On the one hand, this attitude, which is expressed not only by the scientists depicted in the documentaries but also by the films themselves, can be taken as a serious critique of dominant psychiatric methodologies which are based on pharmacological intervention, and thus creates a medical-industrial alliance between psychiatry and the pharmaceutical industry which can compromise best practices.[39] Yet, on the other hand, these films consolidate a hierarchy of knowledge whereby science holds a monopoly on the truth, diminishing the legitimacy of the radically empiricist types of discoveries harboured by the wisdom of monks, nuns, or any other spiritual practitioners.[40] These two documentaries effectively maintain a colonial and neurotypical understanding of knowledge whereby healing experiences must be translated into the disciplinary language of neuroscience and psychiatry in order to be valid, and thus worth repeating and financially supporting. These documentaries may get behind the most progressive discoveries in the field of neuroscience, but they reify the institutional structuring of knowledge which ensures that it has taken this long to even begin to affirm the experiential truths held by artists and mystics, amongst others, long before neuroscience was even a field of study.

Taken as a whole, the NFB documentaries engaging with questions of mental illness reflect the tensions coursing through the NFB oeuvre at large, with its history of conflicting visions for the life of the nation. On one end of the spectrum, the NFB has produced films about mental illness which reify unequal dynamics of power-knowledge and conduct a biopolitical operation of population governance through informational media-making.[41] On the other, films allied to the experiences and struggles of people diagnosed with a mental illness re-existentialize and re-politicize states of being profoundly unwell by situating them within a relational field conditioned by power.[42] They do so by giving vision and voice to people who are diagnosed with mental illnesses. These films are ethico-political accomplishments in that they ask what conditions the emergence of mental illness, rather than supposing that they already know what mental illness is. By opening themselves to this primacy of experience—experience before it gets encased in disciplinary categories of knowledge consolidated by the clinical gaze of medical perception—they create an existential territory for acting, politically and therapeutically, in the midst of a mental health epidemic.

The style of action which seeks to modulate the relational field in which mental illness arises—a pragmatics of "event design"—could be considered as "therapeutic activism." It would be quite different from what today generally passes for mental health activism which tends to have quite different aims, such as reducing stigma or improving access to already-existing services. The idea for the term "therapeutic activism" is inspired by the life work of psychoanalyst

Félix Guattari who lived the political aspirations of his generation as a therapeutic project. Contemporary post-Guattarian thinkers such as Berardi and Josep Rafanell i Orra have carried this ethos into the present day. In his fascinating book *En finir avec le capitalisme thérapeutique*, Rafanell i Orra writes, "Before wanting to ask, 'How can I heal?' therapy presupposes a prior question: 'Which world must be actualized?'"[43] The question of what world must be actualized is an inherently existential one, irreducible to the confines and logic of the clinic. The NFB's activist-oriented documentaries pose precisely this question of what world must be actualized in their rendering aesthetic of mental illness through cinema. By doing so, they leverage the existential territory for lay persons to think and act therapeutically, in a time of crisis, without waiting for the sanction of the proper authorities. In other words, they assist in creating the conditions for therapeutic activism, for living the speculative proposition that therapy arises through encounter, in the creation of relation.[44]

## NOTES

1. In any given year, in both Canada and the United States, approximately one in five people will live with a mental illness diagnosis. By the age of forty, approximately 50 per cent of the Canadian population will have or have had a mental illness. See "The State of Mental Health in America," Mental Health America, http://www.mentalhealthamerica.net/issues/state-mental-health-america (accessed 7 March 2018); Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada," 2013, https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf (accessed 5 November 2019); Canadian Mental Health Association, "Fast Facts About Mental Illness," https://cmha.ca/about-cmha/fast-facts-about-mental-illness (accessed 4 April 2019). Disparities between generations ("birth cohorts") show that Canadian and American youth are significantly more hopeless than previous generations. See David Lester, "Hopelessness in Undergraduate Students around the World: A Review," *Journal of Affective Disorders* 150.3 (2013): 1204–1208. Life satisfaction has decreased between 1985 and 2005, with both sexes experiencing "comparable slippages in self-confidence, growing regrets about the past, and declines in virtually every measure of self-reported physical and mental health." Chris M. Herbst, "'Paradoxical' Decline? Another Look at the Relative Reduction in Female Happiness," *Journal of Economic Psychology* 32.5 (2011): 771.
2. See Sophie Grégoire Trudeau's simplistic blog entry, "Why My Family Talks Openly about Mental Health," *Huffington Post*, 12 October 2016, http://www.huffingtonpost.ca/sophie-gregoire-trudeau/talk-openly-mental-illness_b_12448768.html (accessed 5 April 2019); and Liz Kessler's critical response on Canadian alternative news venue Rabble.ca: "Sophie Grégoire Trudeau Needs to Stop Talking about Mental Health," 13 November 2016, http://rabble.ca/blogs/bloggers/liz-kessler/2016/11/sophie-gr%C3%A9goire-trudeau-needs-to-stop-talking-about-mental-health (accessed 5 November 2019). Margaret Trudeau's memoir *Changing My*



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*Mind* (Toronto: Harper Collins Canada, 2011) details her experience with bipolar disorder, and her subsequent book, *The Time of Your Life: Choosing a Vibrant Joyful Future* (New Westminster: Post Hypnotic Press, 2015), builds her brand as a self-help author for women over sixty.

3. For a journalistic report on the Bell Let's Talk campaign history, see Christine Dobby's *Globe and Mail* article, "Bell CEO Calls on Corporate Canada to Implement Mental Health Programs," *Globe and Mail*, 29 January 2018, https://www.theglobeandmail.com/report-on-business/bell-ceo-calls-on-corporate-canada-to-implement-mental-health-programs/article37781739/ (accessed 4 April 2019). One of the many ironies of the Bell Let's Talk campaign—a topic which merits an entire article in its own right—is that it implicitly discourages long-term talk therapy by encouraging people to access short-term and medication-oriented psychiatric services.
4. In Canada, mental health funding has become a hot-button issue in failing budgetary negotiations between the federal government and the provinces, due largely to former Federal Health Minister Jane Philpott's insistence "that billions in new federal money be devoted specifically to mental health care." See Bill Curry, "Philpott Warns Premiers She Won't Budge on Effort to Expand Mental-Health Funding," *Globe and Mail*, 20 December 2016, https://www.theglobeandmail.com/news/politics/philpott-warns-premiers-she-wont-budge-on-effort-to-expand-mental-health-funding/article33397386/ (accessed 19 April 2019).
5. *The Globe and Mail* ran an opinion piece "Students Are Not Fragile Flowers: We Must Care about Their Mental Health," written by Michael Wilson, the chancellor of the University of Toronto and the chair of the Mental Health Commission of Canada, and Santa Ono, the president and vice-chancellor of the University of British Columbia. Michael Wilson and Santa Ono, "Students Are Not Fragile Flowers: We Must Care about Their Mental Health," *Globe and Mail*, 5 October 2017, https://www.theglobeandmail.com/opinion/students-are-not-fragile-flowers-we-must-care-about-their-mental-health/article36498798/ (accessed 5 November 2019). The piece is reflective of this growing consciousness concerning mental health issues amongst postsecondary institution administrators. Around the same time, *Maclean's* magazine devoted an article to the question, "Are universities doing enough to support mental health?" See Aaron Hutchings, "Are Universities Doing Enough to Support Mental Health?" *Maclean's*, 20 April 2017, http://www.macleans.ca/education/depth-of-despair/ (accessed 1 November 2019). Earlier this year, the Canadian Alliance of Student Associations released a report which "delves into what mental health looks like currently on post-secondary campuses in Canada, and what steps the federal government can take to make improvements in the lives of those struggling." Alyssa Max and Roseanne Waters, "Breaking Down Barriers: Mental Health and Post-Secondary Students," Canadian Alliance of Student Associations, 9 January 2018, https://bp-net.ca/program/breaking-down-barriers-mental-health-and-canadian-post-secondary-students/ (accessed 5 November 2019).
6. For more statistics on depression in particular, see the World Health Organization's factsheet, "Depression: Fact Sheet," World Health Organization, 22 March 2018, https://www.who.int/news-room/fact-sheets/detail/depression (accessed 12 November 2019).

To make matters worse, no curative breakthrough lies on the horizon since the basic research on depression has long resigned itself to the search for topical solutions. Martin

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Seligman, a depression researcher and former president of the American Psychological Association, has outed the "dirty little secret" that biological psychiatry and clinical psychology have totally abandoned the search for a cure. "The road has come to a dead end at symptom relief," he writes. "Every single drug on the shelf of the psychopharmacopeia is cosmetic. There are no curative drugs and no drug is in development that I know of that aims at cure." Martin Seligman, *Flourish: A Visionary New Understanding of Happiness and Well-Being* (New York: Free Press, 2011), 46. Even after having abandoned the loftier goal of a cure to settle for mere symptom suppression, clinicians are witnessing relapse after relapse. Access to first-rate treatment has done little to change the unwavering fact that once someone has been diagnosed with severe depression, it is typical for them to battle with a high risk of relapse for their entire life. Depression recurrence statistics show "50 percent of those who recover from a first episode of depression having one or more additional episodes in their lifetime, and approximately 80 percent of those with a history of two episodes having another recurrence." Stephanie L. Burcasa and William G. Iacono, "Risk for Recurrence in Depression," *Clinical Psychology Review* 27.8 (2007): 960.

7. For an essay that looks at pre-1977 mental illness films at the NFB, particularly the "Mental Mechanisms" series, see Martin Beaulieu, "L'Incursion de l'ONF dans la thérapie psychiatrique : Genèse, réalisation et pérennité de la série *Mental Mechanisms*," *Canadian Journal of Film Studies* 25.1 (2016): 46–66.

8. In their sympathetic reading of the NFB's Challenge for Change program, Thomas Waugh, Michael Brendan Baker, and Ezra Winton write:

> The project—which saw filmmakers going into communities and collaborating with subjects instead of merely documenting them—garnered international attention and produced what many consider to be the most innovative and politically resonant films in the NFB catalogue. Many of the films have an enduring and exemplary aesthetic quality, as well as a political affect/effect, that surpasses their value as historical documents reflecting the political and artistic processes, achievements, and shortcomings of the project.

Michael Brendan Baker, Thomas Waugh and Ezra Winton, "Introduction: Forty Years Later . . . a Space for Challenge for Change/Société nouvelle" in *Challenge for Change: Activist Documentary at the National Film Board of Canada* (Montreal: McGill-Queen's University Press, 2010), 4.

For similar assessments of the NFB's Challenge for Change program see Patrick Watson, "Challenge for Change," in *Canadian Film Reader*, ed. Seth Feldman and Joyce Nelson (Toronto: P. Martin Associates, 1977), 112–119; and Marie Kurchack, "What Challenge? What Change?," in Feldman and Nelson, *Canadian Film Reader*, 120–128. Christopher Gittings also acknowledges the activist tendency of the NFB in his book on Canadian national cinema: Christopher E. Gittings, *Canadian National Cinema* (London: Routledge, 2002), 89–93.

9. The historical period since 1980 coincides with psychiatry's move away from psychodynamic understandings of patient subjectivity after the publication of the *Diagnostic and Statistical Manual-III*.

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10. Zoë Druick counters readings of the NFB which privilege its activist orientation by emphasizing the "government realism" of many of its productions:

> Against sustained opposition from the private sector and members of the Conservative Party, usually in their role as government opposition, the NFB's biggest advocates have not in fact been socialists, by any stretch of the imagination; rather, they have been modernizing social reformers aiming to use the medium of film as a communications technology for consolidating middle-ground opinion in Canada and about Canada. Although "documentary" has a series of associations with social mobilization on the left . . . the British documentary movement out of which the National Film Board emerged was specifically organized to appropriate realism's more radical potential and apply the form to the liberal nation-building project.

Guided by this premise that the NFB was organized to co-opt social mobilization, Druick goes on to argue,

> Hundreds of NFB documentaries depict average, typical citizens in moments of contact with government agents or services, such as schools, hospitals, and employment offices. Government documentary film is, in this way, a technology of social science, which in turn is the technology of liberal democracy . . . . This is the style of filmmaking and the technology for knowing and regulating the population that I term "government realism."

Zoë Druick, *Projecting Canada: Government Policy and Documentary Film at the National Film Board* (Montreal: McGill-Queen's University Press, 2007), 16, 23.

There is a debate as to whether the NFB's canon of over ten thousand films can be explained in such terms. Bill Nichols's review of Druick's book lays out the stakes:

> Druick, in *Projecting Canada,* argues that the Board has systematically played a co-opting role in managing social movements and containing political issues. Its output reflects a policy of "government realism", which amounts to a set of strategies for managing citizens as a population with various demographic characteristics . . . . This adds a valuable angle to the mix, but it is, on its own, a distinctly narrow one. Druick offers no theory of how dissent might actually alter government policy or how films actually channel and control discontent, even though her discussion of filmmakers like Alanis Obomsawin, the best known native Canadian woman filmmaker, appears to offer nothing but praise for her efforts to expose injustice and hardship. That there is an NFB at all is often regarded enviously by other filmmakers from other countries, and certainly by many in the United States, where the efforts of PBS and the NEA have had far less social impact than the NFB.

Bill Nichols, review of *Projecting Canada: Government Policy and Documentary Film at the National Film Board*, by Zoë Druick, *The Public Historian* 31.1 (2009): 137–138. This article acknowledges that both tendencies within the NFB canon do indeed exist and that their contradictory aims can serve as a flashpoint for broader tensions coursing through discourses and practices of mental health.

11. Nikolas Rose and Joelle M. Abi-Rached, *Neuro: The New Brain Sciences and the Management of the Mind* (Princeton: Princeton University Press, 2013), 79.

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12. Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, trans. A.M. Sheridan (London: Routledge, 2003), 9, 14; translation modified.
13. Mitchell Wilson, "*DSM-III* and the Transformation of American Psychiatry: A History," *American Journal of Psychiatry* 150.3 (1993): 408.
14. Michel Foucault, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, ed. Jacques Lagrange, François Ewald, Alessandro Fontana, and Arnold I. Davidson, trans. Graham Burchell (Basingstoke: Palgrave Macmillan, 2006), 3.
15. Even though Purdue Pharmaceuticals settled the case, it did not admit any wrongdoing in the matter. See "OxyContin Maker Agrees to $20M Settlement in Canadian Class-Action Case," *CBC News*, 1 May 2017, http://www.cbc.ca/news/health/oxycontin-class-action-1.4093781 (accessed 5 November 2019).
16. "Recovering Addict Still Concerned after $20m Class-Action Payout over Oxycontin," *The Current with Anna Maria Tremonti*, 12 May 2017, http://www.cbc.ca/radio/thecurrent/the-current-for-may-12-2017-1.4110714/recovering-addict-still-concerned-after-20m-class-action-payout-over-oxycontin-1.4110744 (accessed 16 April 2019).
17. Discussing the NFB's "increasing reliance on the talking-head interview," Jones writes:

> It is as if filmmakers were losing confidence in their ability to draw 'truth' out of actuality. This was happening not only at the Film Board—the talking head had become the scourge of the American independent and public-television documentary—but the Film Board, for years the leading innovator in documentary art, had further to fall. In the 1970s, Guy Glover decried the increasing use of the talking head as if 'simple quotation were the only degree of veracity. . . .' The gradual replacement of 16-mm film by video also encouraged its use.

D.B. Jones, "Brave New Film Board," in *North of Everything: English-Canadian Cinema since 1980,* ed. William Beard and Jerry White (Edmonton: University of Alberta Press, 2002), 30.

18. These titles include: *Félix Guattari: Thought, Friendship, and Visionary Cartography* (London: Palgrave, 2008); *Precarious Rhapsody: Semio-Capitalism and the Pathologies of the Post-Alpha Generation* (London: Autonomedia, 2009); *The Soul at Work: From Alienation to Autonomy*, trans. Francesca Cadel and Giuseppina Mecchia (Los Angeles: Semiotext(e), 2009); *After the Future*, ed. Gary Genosko and Nicholas Thoburn (Pakland and Edinburgh: AK Press, 2011); *The Uprising: On Poetry and Finance* (Los Angeles: Semiotext(e), 2012); *Heroes: Mass Murder and Suicide* (London: Verso, 2015); and *Phenomenology of the End* (New York: Autonomedia, 2015).
19. Marx argues that estranged labour turns "*man's species-being*, both nature and his spiritual species-property, into a being *alien* to him, into a *means* of his *individual existence*. It estranges from man his own body, as well as external nature and his spiritual aspect, his *human* aspect." Karl Marx, "The Economic and Philosophical Manuscripts of 1844" in *Karl Marx: A Reader*, ed. Jon Elster (Cambridge: Cambridge University Press, 1986), 42 (emphasis in original).
20. In spite of this being philosophically inconsistent with the metaphysical premises undergirding the biological disease model, the psychiatric literature actually supports this idea that mental illnesses are "relational wounds" at heart. Take borderline personality disorder, the mental illness with which Diane Charron is diagnosed. In the study "Reported Pathological Childhood

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Experiences Associated with the Development of Borderline Personality Disorder" conducted by Mary C. Zanarini et al., findings show that of the

> 358 patients with borderline personality disorder, 91% reported having been abused, and 92% reported having been neglected, before the age of eighteen. The borderline patients were significantly more likely than the 109 patients with other personality disorders to report having been emotionally or physically abused by a caretaker and sexually abused by a noncaretaker. They were also significantly more likely to report having a caretaker withdraw from them emotionally, treat them inconsistently, deny their thoughts and feelings, place them in the role of a parent, and fail to provide them with needed protection.

Mary C. Zanarini et al., "Reported Pathological Childhood Experiences Associated with the Development of Borderline Personality Disorder," *The American Journal of Psychiatry* 155.8 (1997): 1101.

21. In light of this deficit, Martin Seligman, depression researcher and former president of the American Psychological Association, has proposed a shift toward "positive psychology" that urges psychology to supplement the goal of mere symptom relief with "a new goal: exploring what makes life worth living and building the enabling conditions of a life worth living." Martin Seligman, *Flourish: A Visionary New Understanding of Happiness and Well-Being* (New York: Free Press, 2011), 1.

22. Since its origins, psychoanalysis has harboured an acute awareness that neurotic symptoms appear in tandem with cultural prohibitions and natural constraints. In *Civilization and Its Discontents*, Freud even went so far as to hypothesize that civilization could itself be sick:

> If the development of civilization has such a far-reaching similarity to the development of the individual and if it employs the same methods, may we not be justified in reaching the diagnosis that, under the influence of cultural urges, some civilizations, or some epochs of civilization—possibly the whole of mankind—have become "neurotic"?

Sigmund Freud, *Civilization and Its Discontents* (New York: W.W. Norton, 1962), 91.

Modern psychoanalysts Erich Fromm and Herbert Marcuse each made this idea explicit in their respective readings of Freud. Fromm writes:

> On the basis of his concept of man, that of his inherent wish for unlimited sexual satisfaction, and of his destructiveness, Freud must arrive at a picture of the necessary conflict between civilization and mental health and happiness . . . . Civilization, to Freud, is the product of instinctual frustration and thus the cause of mental illness.

Erich Fromm, *The Sane Society* (London and New York: Routledge, 2008), 73. For his part, Marcuse seeks to free the "unifying and gratifying power [which Freud lends to] Eros, chained and worn out in a sick civilization." Herbert Marcuse, *Eros and Civilization: A Philosophical Inquiry into Freud* (Boston: Beacon Press, 1966), 43.

23. For more on the undulatory moulds of neoliberal subjectivity, particularly in relation to a discussion of neuroplasticity, see page 92 of my essay "The Neuroplastic Paradox," *Inflexions: A Journal for Research-Creation* 10 (2017): 82–98.

24. Ann Cvetkovich, *Depression: A Public Feeling* (Durham: Duke University Press, 2012), 79.
25. The founders of the Chicago-based lab are Lauren Berlant, Vanalyne Green, Debbie Gould, Mary Patte, and Rebecca Zorach. In a statement to the 2003 *Critical Inquiry* symposium "Critical Inquiry, Affirmative Culture," Lauren Berlant describes the organization and research topics of the lab:

> Comprised of artists and academics, the Feel Tank is organized around the thought that public spheres are affect worlds at least as much as they are effects of rationality and rationalization . . . . We study theoretical, historical, and aesthetic materials engaged with the affects and emotions. Right now, we are amassing for future research the negative political emotions because most U.S. citizens and occupants have abandoned participating in the political sphere and because many who do, say, merely vote, do it without optimism for the kind of transformative agency that might/ought to have been a possibility. Some of these emotions: detachment, numbness, vagueness, confusion, bravado, exhaustion, apathy, discontent, coolness, hopelessness, and ambivalence.

Lauren Berlant, "Critical Inquiry, Affirmative Culture," *Critical Inquiry* 30.2 (2004): 445–451.
26. Also of interest, since it shows the extent to which Cvetkovich's work has influenced thinking about contemporary art in Canada, is that a number of the essays in *Canadian Art*'s winter 2018 issue entitled "Acts of Care: Art, Anxiety and Healing in a Time of Crisis" lean on the premises of her work.
27. Two examples of "autopathographies" penned by woman authors include Susanne Antonetta, *A Mind Apart: Travels in a Neurodiverse World* (New York: Tarcher/Penguin, 2005) and Susanna Kaysen, *Girl, Interrupted* (New York: Turtle Bay Books, 1993).
28. The field of anti-psychiatry, closely aligned with "Mad Studies," is indeed growing and has found ample expression in the Canadian academy. In the mid-2000s, Valerie Raoul led a project at the Peter Wall Institute for Advanced Studies at The University of British Columbia entitled "An Interdisciplinary Inquiry into Narratives of Disease, Disability and Trauma" and in 2016 the Ontario Institute for Studies in Education, University of Toronto, announced the creation of the Bonnie Burstow Scholarship in Antipsychiatry. For edited collections which give a current and representative sample of the field in Canada, see the following titles: Bonnie Burstow, Brenda A. LeFrançois, and Shiandl Diamond, ed., *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution* (Montreal: McGill-Queen's University Press, 2014); Valerie Raoul, Connie Canam, Angela D. Henderson, and Carla Paterson, ed., *Unfitting Stories: Narrative Approaches to Disease, Disability, and Trauma* (Waterloo: Wilfred Laurier Press, 2007); Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, ed., *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars' Press, 2013). The concerns of anti-psychiatry, particularly its emphasis on de-pathologizing experience and contesting unilateral medical power, also find expression in the writing of many authors on neurodiversity. The concept of neurodiversity has been taken up most fervently by autistic writers who challenge psychiatric assumptions about autists as being "noncommunicative" or "socially blind," and foreground the many skills and capabilities that being autistic enables. In addition to its focus on the autistic experience, neurodiversity has also

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been applied to other conditions which are categorized as mental illness, such as ADHD, dyslexia, and depression. Neurodiversity can be read as a contemporary inheritor of the anti-psychiatric legacy (or at least certain veins of it, incarnated in the work of Guattari, Deligny, and Laing), but it also has a political sensibility and aesthetic ethos that is quite distinct from the ones found in the work of the anti-psychiatry and Mad Studies anthologies mentioned above. In Canada, one of neurodiversity's most consistent interlocutors is Erin Manning, for whom first-hand accounts of autistic perception have catalyzed critiques of neoliberal individualism and neurotypical epistemologies. See her books *Always More Than One: Individuation's Dance* (Durham: Duke University Press, 2013) and *The Minor Gesture* (Durham: Duke University Press, 2016). Thomas Armstrong's book *Neurodiversity: Discovering the Extraordinary Gifts of Autism, ADHD, Dyslexia, and Other Brain Differences* (Boston: Da Capo Lifelong Books, 2010) is reflective of the movement's broader concerns. For an autobiographical account of autistic perception and an example of autistic poetics see Tito Rajarshi Mukhopadhyay, *Plankton Dreams: What I Learned in Special Ed* (London: Open Humanities Press, 2015).

29. "Iatrogenic illness" refers to an illness which is caused by a medical examination or treatment. Bonnie Burstow and Brenda A. LeFrançois, "Impassioned Praxis: An Introduction to Theorizing Resistance to Psychiatry" in Burstow, LeFrançois, and Diamond, *Psychiatry Disrupted*, 3.

30. Janell Johnson, *American Lobotomy: A Rhetorical History* (Ann Arbor: University of Michigan Press), 50; "Lobotomies," Restoring Perspective: Life and Treatment at the London Asylum, University of Western Ontario Libraries, 2008, https://www.lib.uwo.ca/archives/virtualexhibits/londonasylum/lobotomies.html (accessed 10 April 2019).

31. Bonnie Burstow, "Electroshock as a Form of Violence Against Women," *Violence Against Women* 12.4 (2006): 372–392.

32. In his 2012 book, *Comment la dépression est devenue une épidémie* (How depression became an epidemic), French cultural theorist and historian of psychopharmaceuticals Philippe Pignarre makes the case that there are competing theses of depression, one of which is biological (right-wing) and the other social (left-wing). According to the former thesis, depression is a disease with a wholly biological etiology, and its representatives generally attribute the skyrocketing rates of depression to improvements in psychiatric screening. Conversely, the latter theory maintains that depression has social causes and is based on the idea that the increase in depression is a result of society having become increasingly cruel as of late. The discipline of psychiatry, along with its institutional interlocutors in the medical-industrial complex (especially insurance companies, pharmaceutical companies, and the corporate media), are the prime representatives of the right-wing, biological thesis. Cultural theorists, humanities scholars, and activists tend to be the bearers of the critical tradition that upholds the left-wing, social thesis. Considering that Pignarre coauthored *Capitalist Sorcery: Breaking the Spell*, a widely read book inspired by the 1999 anti-globalization protests in Seattle, one might be inclined to assume that he embraces the latter thesis about the cause of depression. He certainly does, since he argues that the psychiatric approach to depression exemplifies the medicalization of an existential problem, but only on the condition that the concept of "society"

not turn into a monolithic scapegoat that cements impotent ideological positions and forecloses minor actions. Philippe Pignarre, *Comment la dépression est devenue une épidémie* (Paris: Éditions La Découverte & Syros, 2001), 16–18, 104.

33. For example, see Ernst Hunter and Desley Harvey "Indigenous Suicide in Australia, New Zealand, Canada and the United States," *Emergency Medicine* 14.1 (2002): 14–23; and Laurence J. Kirmayer, Christopher Fletcher, and Lucy J. Boothroyd, "Suicide among the Inuit of Canada," in *Suicide in Canada*, ed. Antoon A. Leenaars, *et al.* (Toronto: University of Toronto Press, 1998), 189.
34. In an emblematic line that alludes to the holistic conception of Indigenous health, he rhetorically asks, "How can anyone confront the depressing, disintegrating reality of this world without the restorative strength of spirituality?" Spirituality saturates his political writings and one of his books is even organized around the leitmotif of *wasáse*, an ancient war ritual known in English as the Thunder Dance. This specific dance calls Indigenous warriors to serve their nations by adopting the necessary customs and ethics. Alfred goes so far as to offer an entire checklist of qualities that a resurgent nation of warriors should put into practice, many of which put an emphasis on reclaiming health through temperance and moderation: "Simple lifestyles, disciplined surroundings, and a healthy existence characterized by cleanliness and organization are the traits of a warrior . . . as opposed to the slovenly and poisoned lives expected of colonized beings." Taiaiake Alfred, *Wasáse: Indigenous Pathways of Actions and Freedoms* (Peterborough: Broadview Press, 2005), 250, 88.
35. Monica A. Coleman, "My Depression Is Part of My Slave Ancestry," *Motto*, 25 July 2016, http://motto.time.com/4408883/african-american-depression-mental-illness/ (accessed 9 November 2019).
36. Analysis of twelve US studies that reported prevalence of comorbidities showed that pooled prevalence for psychological disorders was about ninety-seven times higher "than in the general population." F. Bruder Stapleton, "High Prevalence of Comorbidities with Fetal Alcohol Spectrum Disorder," *Journal Watch*, 13 January 2016.
37. Patrick Watson, "Challenge for Change," in Feldman and Nelson, *Canadian Film Reader*, 112.
38. In his Andrew F. Holmes Dean of Medicine Distinction Lecture, "Brain, Self and Society," Nikolas Rose pointed out that as part of a generalized scientific shift from the "psy" to the "neuro," mental illnesses are beginning to be reframed as "brain disorders." Nikolas Rose, "Brain, Self and Society" (lecture, Andrew F. Holmes Dean of Medicine Distinction Lectures, McGill University, Montreal, October 27, 2016).
39. Marcia Angell's reviews in the *New York Review of Books* offer an excellent summary of critical literature on the medical industrial complex. Angell is the former editor of the *New England Journal of Medicine*. She describes the books as "powerful indictments of the way psychiatry is now practiced" and she recounts in some detail how they "document the 'frenzy' of diagnosis, the overuse of drugs with sometimes devastating side effects, and widespread conflicts of interest." Marcia Angell, "The Illusions of Psychiatry," *The New York Review of Books*, 14 July 2011. See also Marcia Angell, "The Epidemic of Mental Illness: Why?," *The New York Review of Books*, 23 June 2011.

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40. In *Parables for the Virtual*, Brian Massumi draws on William James's philosophy of radical empiricism to valorize non-scientific productions of knowledge:

> I would like simply to suggest that philosophy, art, and even cultural studies, are empirical enterprises in effective connection with the same reality science operates upon, generating results with their own claim to validity. The astonishingly workable results science regularly generates gives it a well-earned claim to realism and validity. But it does not give it a monopoly on them . . . . Philosophical speculation has just as much a claim to empirical truth as science does. It just has a different claim on it.

Brian Massumi, *Parables for the Virtual: Movement, Affect, Sensation* (Durham: Duke University Press, 2002), 230, 246.

41. In this regard, they exemplify tools of management more than works of art. Deleuze offers a vision of art that allies art to resistance rather than to the communication of information: "What relationship is there between the work of art and communication? None at all. A work of art is not an instrument of communication. A work of art has nothing to do with communication. A work of art does not contain the least bit of information." Gilles Deleuze, *Two Regimes of Madness, Texts and Interviews 1975–1995*, ed. David Lapoujade, trans. Ames Hodges and Mike Taormina (Los Angeles: Semiotext(e), 2006), 322.
42. The notion of the relational field conditioned by power, as I understand it, is indebted to the work of Erin Manning's work on autistic perception of the relational field and Brian Massumi's theories of neoliberal "ontopower" (a term Massumi uses in his 2015 book of that title) as acting through affectively-charged events of becoming. See Manning's *Always More Than One* and Massumi's *Power at the End of the Economy* (Durham: Duke University Press, 2015).
43. Josep Rafanell i Orra, *En finir avec le capitalisme thérapeutique : Soin, politique, communauté* [To be done with therapeutic capitalism: care, politics, community] (Paris: Éditions La Découverte, 2011), 284; my translation.
44. Orra, *En finir*, 225.

## AUTHOR BIOGRAPHY

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